

**HOME & COMMUNITY BASED SERVICES PHYSICAL DISABILITY WAIVER
ATTENDANT CARE WORKSHEET**

SECTION I.

Consumer _____ SS # _____ Medicaid # _____
 Address _____ Zip _____ Phone # _____
 Emergency _____
 Contact(s) _____ Phone # _____

SECTION II.

Number of days per week _____ Per month _____
 Check days service is required ____ S ____ M ____ T ____ W ____ T ____ F ____ S

Number of hours per day _____ Per week _____ Per month _____

If unequal amounts of time are necessary on different days, indicate the specific # of hours for each day.
 _____ S _____ M _____ T _____ W _____ T _____ F _____ S

☐

Consumer
Directed

☐

Non-Consumer
Directed

SECTION III.

Activities for Daily Living	ESTIMATED Times	Explanation of Times and Tasks
Personal Hygiene and Grooming <div style="float: right;">UAI SCORE</div> Bathing (Specify) Partial Asst. Total Asst. Tub/Shower Sponge Bath Oral Hygiene (Specify) Brush Teeth or Denture Care Hair Care (Specify) Shampoo Set Comb/Brush Skin Care (Specify) Inspect Skin Apply Lotion Inspect and/or Clean Nails (Specify) Shaving Electric Non-electric	15-30 minutes 5 minutes Average 60 Minutes total 10 minutes 10 minutes	<div style="float: right;">Total Hours</div>
Dressing (Specify) Partial Asst Total Asst <div style="float: right;">UAI SCORE</div> Prosthetic and Orthotic Devices Assist with putting and/or removing	15-30 minutes 10-15 minutes	<div style="float: right;">Total Hours</div>
Toileting (Specify) Bed Pan Commode Toilet Empty Ostomy/Urine Bag Establish/Maintain Toileting Schedule Changing of incontinence products <div style="float: right;">UAI SCORE</div>	15-30 minutes	<div style="float: right;">Total Hours</div>
		Page One - Total Hours

Activities for Daily Living		ESTIMATED Times	Explanation of Times and Tasks	
Transfer Supervise/Minimal Assistance Moderate Assistance Heavy Support/Lifting Special Assistive Devices (Specify) Turn and Position In Bed	<div></div> UAI SCORE	5-10 minutes per transfer		Total Hours
Walking/Mobility (Specify) Supervision Minimal Assistance Moderate Assistance Heavy Support/Lifting Special Assistive Devices Wheel Chair Maneuvering (Specify) Partial Assistance Complete Assistance	<div></div> UAI SCORE	5 minutes 15 minutes up to 15 minutes each		Total Hours
Eating Remind/Coax to Eat Feed Client	<div></div> UAI SCORE	5 minutes 15-30 minutes		Total Hours
Instrumental Activities of Daily Living		ESTIMATED Times	Explanation of Times and Tasks	
Meal Planning / Preparation / Clean-up Meals (Specify breakfast, lunch, <u>dinner</u>) Future meals (Prepare /Freeze) Assistance such as meat cutting Clean Up after meals Supervise for safety Partial assistance with food preparation Special Diet (Specify) Other	<div></div> UAI SCORE	Maximum: 2 hours per day		Total Hours
Shopping (Specify) Groceries Personal Items Medication Pick-up Other	<div></div> UAI SCORE	Maximum: 3 hours per week		Total Hours
Money Management	<div></div> UAI SCORE	Maximum: 2 hours per month		Total Hours
Transportation Medical Transportation not eligible for Medicaid coverage	<div></div> UAI SCORE	Maximum: 1 non-medical trip per week		Total Hours
Use of Telephone (Specify) Assisting with communication device Making the call for consumer	<div></div> UAI SCORE	2 – 5 minutes per call		Total Hours
			Page Two - Total Hours	

Instrumental Activities of Daily Living		ESTIMATED Times	Explanation of Times and Tasks	
Laundry/Housekeeping Laundry Housekeeping Clean Toilet, Sink, Tub/Shower Clean Floors, Carpets, Rugs Clean Kitchen appliances, Countertops, Etc. Dust Make Bed &/or change linens Wash Dishes Wash Cupboards, Walls, Throw Rugs, Inside Windows, Remove trash Other Minor Sewing / Mending (Can be accomplished while laundry or cooking is being done.) Other	UAI SCORE	Washer/dryer in residence: Maximum: 3 hours per week Washer/dryer outside residence: Maximum: 4 hours per week Housekeeping: Maximum 2 hours per week if washer/dryer is in the home		Total Hours
Medications/Treatments (Specify) Remind/Prompt to take meds Check Compliance Assist in taking medications Other	UAI SCORE	5 minutes per task		Total Hours
Other (Specify)				Total Hours
Consumer Goals		ESTIMATED Times	Explanation of Times and Tasks	
Life Goals (Specify)				Total Hours
			Page Three - Total Hours	

X _____
Consumer Signature Date

X _____
Guardian Signature (if applicable) Date

X _____
Targeted Case Manager Signature Date